

California Department of Public Health
Center for Health Care Quality
Healthcare-Associated Infections Program



Accurately Reporting HAI by Patient Population:

**Part II – Mapping Acute Inpatient
Rehabilitation and Psychiatric Locations**

Workbook

Deadline to submit Part II validation results via online submission form is

September 30, 2016



Preface

This is Part II of 2016 validation for hospitals with acute inpatient rehabilitation and/or inpatient psychiatric locations. This exercise will help you determine or confirm if your hospital should continue to map inpatient rehabilitation units or psychiatric wards as locations within your hospital, or if you are required to set up the locations as inpatient rehabilitation or psychiatric facilities (IRF or IPF) per NHSN reporting instructions.

The purpose of this exercise is to:

1. Identify if each acute rehabilitation and psychiatric location should be listed with all other NHSN hospital locations **-OR-** should be set-up as an in-hospital or stand-alone IRF/IPF.
2. Verify that each in-hospital IRF/IPF is labeled appropriately as a CMS unit within the NHSN reporting application **-OR-** verify that stand-alone IRF/IPF has been enrolled in NHSN as a separate facility.
3. Verify that rehabilitation/psychiatric units or IRF/IPF are correctly included in monthly reporting plans.
4. Attest to having reviewed and understand how hospitals with a rehabilitation/psychiatric unit or IRF/IPF must report MDRO/CDI denominator data.

Note: While validation is a voluntary process, hospital participation or non-participation will be noted in the 2016 CDPH HAI in California hospitals annual report.



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Acronyms and Abbreviations	
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CMS	Center for Medicare and Medicaid Services
IP	Infection preventionist
IPF	Inpatient psychiatric facility
IRF	Inpatient rehabilitation facility
NHSN	National Healthcare Safety Network



Overview

You should have already completed the 2016 Validation Workbook for mapping your NHSN patient care locations. This additional validation exercise is only for hospitals that have an acute rehabilitation unit or IRF and/or an acute psychiatric ward or IPF location.

Beginning in 2015, all hospitals with acute rehabilitation or acute psychiatric locations (per NHSN definition) were required to identify if those units had a unique Center for Medicare and Medicaid Services (CMS) Certification Number (CCN) separate from the affiliated general acute care hospital CCN. Your hospital administration or the billing department will be able to help you locate a CCN for your IRF/IPF if it is different than your hospital CCN.

When an acute rehabilitation or psychiatric unit is identified with its own CCN, the unit will be deemed an IRF or IPF. An IRF or IPF that is located within the general acute care hospital must be labeled as such in NHSN. An IRF or IPF that is in a separate building than the general acute care hospital must be enrolled in NHSN as a separate facility. In some cases, an IRF or IPF with a specific type of CCN number is required to be enrolled in NHSN as a separate facility regardless if within the hospital or a stand-alone facility.

This validation workbook is a guide to help you review your hospital's rehabilitation and psychiatric patient care location information.

Validation Steps

1. Review hospital CCN numbers.
2. Validate rehabilitation locations (questions 1-4).
3. Validate psychiatric locations (questions 5-8).
4. Report validation results.

In addition to this workbook, please refer to three NHSN documents:

- "Instructions for Mapping Patient Care Locations in NHSN"
<http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf>
- NHSN Patient Safety Manual , Chapter 15: Locations
http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf
- "Guidance on Enrollment/Reporting for Units with Unique CCNs"
http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-march_2015.pdf

Validation Support

The 2016 validation exercises are self-directed. Assistance is available from the HAI Program validation team, a multi-disciplinary group with expertise in HAI data, reporting, surveillance, and prevention. The validation support team may be reached at HAIProgram@cdph.ca.gov.



Step 1: Review Hospital CCN Numbers

Obtain all hospital CCN numbers from your hospital administration or business offices.

Record the CCN for the hospital and for your rehabilitation and/or psychiatric locations:

Hospital CCN _____

Rehab Unit CCNs:

1st Rehab unit Name _____ CCN _____

2nd Rehab unit Name _____ CCN _____

3rd Rehab Unit Name _____ CCN _____

4th Rehab Unit Name _____ CCN _____

Psych Unit CCNs:

1st Psych unit Name: _____ CCN _____

2nd Psych unit Name: _____ CCN _____

3rd Psych unit Name: _____ CCN _____



Step 2: Perform Validation for REHABILITATION Units

Read the reference information on pages 14–21 to assure your understanding of rehabilitation location mapping and reporting. You will work through questions 1-4 for each of your rehabilitation units. Prior to starting, make additional copies of questions 1-4 if you have more than one rehabilitation unit.

Answer each question below for each rehabilitation location. You should respond “Yes” to at least one of the four questions in the shaded boxes. If you have a rehabilitation location for which you cannot respond “Yes” to any of the questions, 1-4, contact HAIPProgram@cdph.ca.gov to complete the review.

Question #1

Is the hospital CCN and the rehabilitation unit CCN the same number?

No Yes

If ‘No,’ your rehabilitation location is an IRF. Go to question #2.

If ‘Yes,’ your rehabilitation location is not an IRF and should be mapped as an inpatient acute rehabilitation unit. Check each box below to verify completion of this review.

- 1.1** I verify that this unit is included in the NHSN locations list with other inpatient acute care hospital locations.
- 1.2** I reviewed the Monthly Reporting Plan information on page 18, step 1.
- 1.3** I verify that this rehabilitation unit is included in the Monthly Reporting Plan of the NHSN Device-Associated Module.
- 1.4** I verify that this rehabilitation unit’s patient days count is included when reporting monthly MDRO/CDI FACWIDEIN denominator data.

Repeat 1.1-1.4 for each rehabilitation unit with the same CCN as the hospital CCN.



Question #2

No Yes

Does the IRF CCN have a “T” or “R” as the 3rd digit
AND the unit is **physically located in the hospital?**

If ‘No,’ go to question #3.

If ‘Yes,’ your IRF is an in-hospital facility. Check each box below to verify completion of this review.

- 2.1** I verify that I reviewed the location mapping information on pages 14-17.
- 2.2** I verify that this IRF is listed in NHSN as a “CMS IRF Unit within the hospital” with its own unique CCN (as shown on page 16.)
- 2.3** I reviewed the Device-Associated Module Monthly Reporting Plan information on page 18, step 1.
- 2.4** I verify that this rehabilitation location is included in the Monthly Reporting Plan of the NHSN Device Associated Module (as shown on page 18, step 1).
- 2.5** I reviewed the LabID MDRO Module Monthly Reporting Plan information on pages 18-19, step 2.
- 2.6** I verify this IRF is listed as a separate NHSN location in the Monthly Reporting Plan in the NHSN MDRO Module for all three infection types: CDI-all specimens, MRSA-blood specimens only, and VRE-blood specimens only (as shown on page 18-19, step 2).
- 2.7** I reviewed the MDRO Module Denominator data information on pages 20-21.
- 2.8** I verify that the IRF patient days count is excluded (i.e., subtracted) when reporting monthly MDRO/CDI FACWIDEIN denominator data.
- 2.9** I verify that the IRF MDRO/CDI Module monthly denominator data is being reported separately from the hospital FACWIDEIN monthly denominator data (as depicted in the screenshots on pages 20-21).

Repeat 2.1-2.9 for each IRF with “T” or “R” as the 3rd digit AND the unit is physically located in the hospital.



Question #3	Does this IRF CCN have a “T” or “R” as the 3 rd digit
<input type="checkbox"/> No <input type="checkbox"/> Yes	<u>AND the unit is NOT physically located in the hospital?</u>

If ‘No,’ go to question #4.

If ‘Yes,’ your IRF is a stand-alone facility and must be enrolled in NHSN as a separate facility with its own NHSN ID number. Check each box below to verify completion of this review.

- 3.1** This IRF is NOT enrolled in NHSN with its own NHSN ID number → **STOP. Contact us for further assistance at HAIProgram@cdph.ca.gov.**
- 3.2** I verify that this IRF is enrolled in NHSN as a separate facility with its own NHSN ID number.
- 3.3** I verify that the IRF NHSN ID Number is _____.
- 3.4** I reviewed the Device-Associated Module Monthly Reporting Plan information on page 18, step 1.
- 3.5** I verify that this location is included in the Monthly Reporting Plan of the NHSN Device Associated Module (as shown on page 18, step 1).
- 3.6** I verify that the IRF MDRO/CDI denominator data is being reported separately under its own NHSN ID (and not included with the hospital NHSN ID FACWIDEIN MDRO/CDI denominator data reporting.)

Repeat 3.1-3.6 for each IRF with “T” or “R” as the 3rd digit AND the unit is NOT physically located in the hospital.



Question #4	Are the IRF CCN last four digits between 3024-3099?
<input type="checkbox"/> No	<input type="checkbox"/> Yes

If 'No,' your review of this rehabilitation location is complete.*

**UNLESS you responded "No" to all rehabilitation review questions, 1-4.
You must contact HAIProgram@cdph.ca.gov to complete the validation review.*

If 'Yes,' the IRF must be enrolled in NHSN as a separate facility with its own NHSN ID number (whether physically located in the hospital or a stand-alone facility outside your hospital). Check each box below to verify completion of this review.

- 4.1** This IRF is NOT enrolled in NHSN with its own NHSN ID number → **STOP. Contact us for further assistance** at HAIProgram@cdph.ca.gov.
- 4.2** I verify that this IRF is enrolled in NHSN as a separate facility with its own NHSN ID number.
- 4.3** I verify that the IRF NHSN ID Number is _____.
- 4.4** I reviewed the Device-Associated Module Monthly Reporting Plan information on page 18, step 1.
- 4.5** I verify that this location is included in the Monthly Reporting Plan of the NHSN Device Associated Module (as shown on page 18, step 1).
- 4.6** I verify that the IRF MDRO/CDI denominator data is being reported separately under its own NHSN ID (and not included with the hospital NHSN ID FACWIDEIN MDRO/CDI denominator data reporting.)

Repeat a separate review, answering questions 1-4, for each rehabilitation location.



Step 3: Perform Validation for PSYCHIATRIC Units

Read the reference information on pages 14–21 to assure your understanding of psychiatric location mapping and reporting. You will work through questions 5-8 for each of your psychiatric units. Prior to starting, make additional copies of questions 5-8 if you have more than one psychiatric unit.

Answer each question below for each psychiatric location. You should respond “Yes” to at least one of the four questions in the shaded boxes. If you have a psychiatric location for which you cannot respond “Yes” to any of the questions, 5-8, contact HAIProgram@cdph.ca.gov to complete the review.

Question #5	Is the hospital CCN and the psychiatric unit CCN the same number?
<input type="checkbox"/> No <input type="checkbox"/> Yes	

If ‘No,’ your psychiatric location is an IPF. Go to question #6.

If ‘Yes,’ your psychiatric location is not an IPF and should be mapped as an inpatient acute behavioral health psychiatric ward. Check each box below to verify completion of this review.

- 5.1** I verify that this unit is included in the NHSN locations list with the other inpatient acute care locations.
- 5.2** I reviewed the Monthly Reporting Plan information on page 18, Step 1.
- 5.3** I verify that this location is included in the Monthly Reporting Plan of the NHSN Device-Associated Module.
- 5.4** I verify that this psychiatric ward patient days count is included when reporting monthly MDRO/CDI FACWIDEIN denominator data.

Repeat 5.1-5.4 for each psychiatric unit with the same CCN as the hospital CCN.



Question #6 <input type="checkbox"/> No <input type="checkbox"/> Yes	Does this IPF CCN have an “M” or “S” as the 3 rd digit AND the unit is physically located in the hospital?
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If ‘No,’ go to question #7.

If ‘Yes,’ your IPF is an in-hospital facility. Check each box below to verify completion of this review.

- 6.1** I verify that I reviewed the location mapping information on pages 14-17.
- 6.2** I verify that this IPF is listed in NHSN as a “CMS IPF Unit within the hospital” with its own unique CCN (as shown on page 16.)
- 6.3** I reviewed the Device-Associated Module Monthly Reporting Plan information on page 18, step 1.
- 6.4** I verify that this location is included in the Monthly Reporting Plan of the NHSN Device Associated Module (as shown on page 18, step 1).
- 6.5** I reviewed the LabID MDRO Module Monthly Reporting Plan information on pages 18-19, step 2.
- 6.6** I verify this IPF is listed as a separate NHSN location in the Monthly Reporting Plan in the NHSN MDRO Module for all three infection types: CDI-all specimens, MRSA- all specimens* and VRE –all specimens* (as shown on page 18-19, step 2).

**NHSN set-up for IPFs requires “all specimens” for reporting MRSA and VRE.
Per state mandate, CDPH will only download and review blood specimens.*

- 6.7** I reviewed the MDRO Module Denominator data information on pages 20-21.
- 6.8** I verify that the IPF patient days count is excluded (i.e., subtracted) when reporting monthly MDRO/CDI FACWIDEIN denominator data.
- 6.9** I verify that the IRF MDRO/CDI Module monthly denominator data is being reported separately from the hospital FACWIDEIN monthly denominator data (as depicted in the screenshots on pages 20-21).

Repeat 6.1-6.9 for each IPF with “M” or “S” as the 3rd digit AND the unit is physically located in the hospital.



Question #7	Does this IPF CCN have an “M” or “S” as the 3 rd digit AND the unit is NOT physically located in the hospital?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If ‘No,’ go to question 8.

If ‘Yes,’ your IPF is a stand-alone facility and must be enrolled in NHSN as a separate facility with its own NHSN ID number. Check each box below to verify completion of this review.

- 7.1** This IPF is NOT enrolled in NHSN with its own NHSN ID number → **STOP. Contact us for further assistance at HAIProgram@cdph.ca.gov.**
- 7.2** I verify that this IPF is enrolled in NHSN as a separate facility with its own NHSN ID number.
- 7.3** I verify that the IPF NHSN ID Number is _____.

Question #8	Are the IPF CCN last four digits between 4000-4499?
<input type="checkbox"/> No <input type="checkbox"/> Yes	

If ‘No,’ your review of this psychiatric location is complete.*

**UNLESS you responded “No” to all psychiatric unit review questions, 5-8.
You must contact HAIProgram@cdph.ca.gov to complete the validation review.*

If ‘Yes,’ the IPF must be enrolled in NHSN as a separate facility with its own NHSN ID number (whether physically located in the hospital or a stand-alone facility outside your hospital). Check each box below to verify completion of this review.

- 8.1** This IPF is NOT enrolled in NHSN with its own NHSN ID number → **STOP. Contact us for further assistance at HAIProgram@cdph.ca.gov.**
- 8.2** I verify that this IPF is enrolled in NHSN as a separate facility with its own NHSN ID number.
- 8.3** I verify that the IPF NHSN ID Number is _____.

Repeat a separate review, answering questions 5-8, for each psychiatric location.
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Step 4: Report your Validation Results

To complete the rehabilitation/psychiatric locations validation exercise, you will need to refer to the results that you recorded in this workbook on pages 5-12.

Please submit your results via the online reporting form at <https://www.surveymonkey.com/r/W5GKF9C>.

For questions or assistance, please contact HAIProgram@cdph.ca.gov

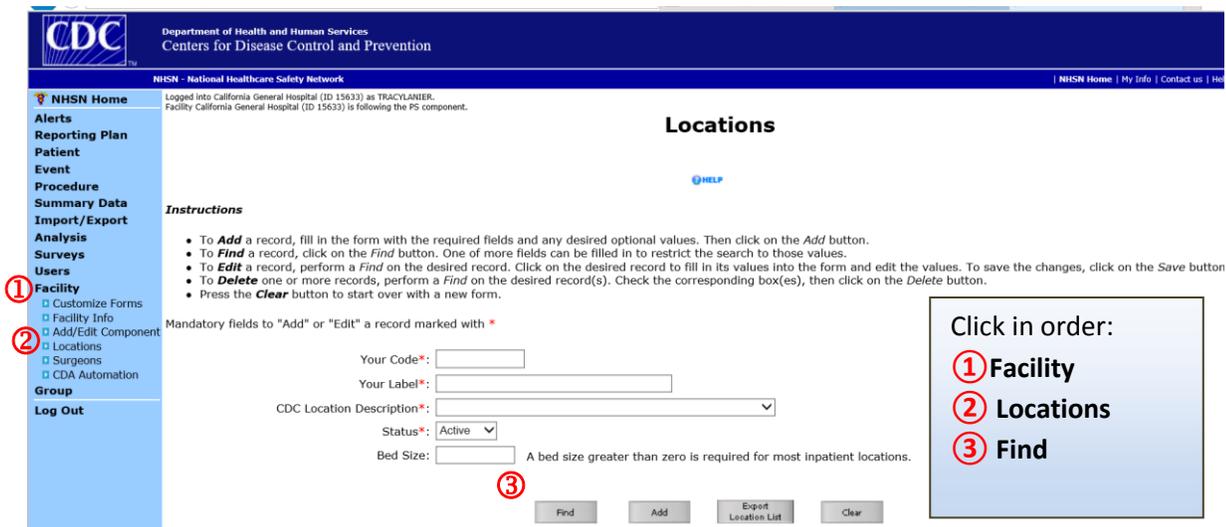
Reference Materials

NOTE: Review of the information on pages 14-21 is required to complete this validation exercise

How to Review/Edit/Enter Locations and CCN information into NHSN

1. Verify your hospital CCN number and your IRF/IPF CCN number(s). Your hospital administration or business office will have these numbers if you do not know them.
- 2: Create a line list of current location mapping for your facility

In the NHSN blue left navigation column, click **Facility** → **Locations** → **Find**



Click in order:

- 1 Facility
- 2 Locations
- 3 Find

Note: This NHSN **Facility-Locations** screen is used to manage all location set-up functions.

- The **Find** button (lowest line on screen) provides a list of your facility's registered NHSN locations.
- The **Add** button sets up a blank screen for adding a new location.
- The **Export Location List** button provides an option to export your location data from NHSN into another program. This option is helpful if you want to capture all of your location data on a spreadsheet (e.g. Excel) or to see all NHSN locations on a single screen. (May be useful if your hospital has more than 10 locations.)

After clicking **Find**, your facility's list of locations will populate at the bottom of the screen. You should have already selected the correct CDC description for your rehabilitation or psychiatric location(s) in the previous Part I of the 2016 validation exercises.

Facility

- Customize Forms
- Facility Info
- Add/Edit Component
- Locations
- Surgeons
- CDA Automation

Group

Log Out

- To **Delete** one or more records, perform a *Find* on the desired record(s). Check the corresponding box(es), then click on the *Delete* button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Status*: ▼

Bed Size: A bed size greater than zero is required for most inpatient locations.

Select "Display All" to view all locations.

Print Location List -Optional

Location Table

[Display All](#) [Print Location List](#)

	Status	Your Code ↕	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Active	INF	INF	Infusion Center	OUT:NONACUTE:CLINIC:FUS	1018-1	1
<input type="checkbox"/>	Active	IPF	IPF WITH OWN CCN NUMBER	Behavioral Health/Psych Ward	IN:ACUTE:WARD:BHV	1051-2	20
<input type="checkbox"/>	Active	IRF	IRF WITH OWN CCN NUMBER	Rehabilitation Ward - Within ACH	IN:ACUTE:WARD:REHAB	1070-2	10
<input type="checkbox"/>	Active	IRF_PED	IRF PED	Pediatric Rehabilitation Ward - Within ACH	IN:ACUTE:WARD:REHAB_PED	1085-0	10
<input type="checkbox"/>	Active	LTCH_2012	LTCH 2012	Well Baby Nursery (Level 1)	IN:ACUTE:WARD:NURS	1038-9	1
<input type="checkbox"/>	Active	M/SIC	MEDICAL SURGICAL CC	Medical/Surgical Critical Care	IN:ACUTE:CC:MS	1029-8	10
<input type="checkbox"/>	Active	MICU3	MEDICAL ICU 3	Medical Critical Care	IN:ACUTE:CC:M	1027-2	12
<input type="checkbox"/>	Active	NEW2-15	NEW 1	Ear, Nose, Throat Clinic	OUT:NONACUTE:CLINIC:ENT	1126-2	5
<input type="checkbox"/>	Active	NICU2	LEVEL 2 NICU	Step down Neonatal Nursery (Level II)	IN:ACUTE:STEP:NURS	1041-3	5
<input type="checkbox"/>	Active	ONC		ONC Surgical Critical Care	IN:ACUTE:CC:ONC_S	1224-5	5

"Click on the IRF or IPF "Your Code" for each link to view/validate each IRF and IPF location

3: Identify your IRF and IPF Locations. After clicking on the “Your Code” link, for each IRF or IPF location, you will see the screen below.

For IRF Locations:

- a. Note the first three boxes contain your previously mapped “Your code”, “Your Label”, and “CDC location Description”.
- b. The fourth box asks if the location is a CMS unit – It should be “Yes” if your IRF CCN number is different than your hospital CCN number –**and** the IRF CCN number has an ‘R’ or ‘T’ in the 3rd position.
- c. The fourth box should say “No” if the hospital CCN number is the same as the IRF CCN number.
- d. If the last four digits of the IRF CCN number are between 3025-3099 – this IRF location must be **enrolled as a separate facility** and **NOT** as a location within the acute care facility

Your Code*:

Your Label*:

CDC Location Description*:

Is this location a CMS IRF unit within a hospital?*:

If Yes, specify the IRF CCN (will have an R or T in the 3rd position)*: Effective Date of IRF CCN: [Edit IRF CCN](#)

Status*:

Bed Size*: A bed size greater than zero is required for most inpatient locations.

For IPF Locations:

- a. Note the first three boxes contain your previously mapped “Your code”, “Your Label”, and “CDC Location Description”.
- b. The fourth box asks if the location is a CMS unit – It should be “Yes” if your IPF CCN number is different than your hospital CCN number –**and** the IPF CCN number has an ‘M’ or ‘S’ in the 3rd position.
 - a. If this IPF location is physically located within the same building as the acute care, the IPF location can be mapped as a location within the acute care hospital
 - b. If this IPF location is in a separate building, it should be deactivated – and enrolled as a separate NHSN facility
- c. The fourth box should say “No” if the hospital CCN number is the same as the IPF CCN number.
- d. If the last four digits of the IPF CCN number are between 4000-4499 – this IPF location must be **enrolled as a separate facility** and **NOT** as a location within the acute care facility

Your Code*:

Your Label*:

CDC Location Description*:

Is this location a CMS IPF unit within a hospital?*:

If Yes, specify the IPF CCN (will have an M or S in the 3rd position)*: Effective Date of IPF CCN: [Edit IPF CCN](#)

Status*:

Bed Size*: A bed size greater than zero is required for most inpatient locations.

Correcting the CCN for each IRF/IPF location

Enter IRF or IPF location corrections in NHSN via the blue left navigation bar under Facility→Locations.

- Scroll to the line list of locations at the bottom of the page, and click on "Your Code" for the location you wish to edit.
- Click "Yes" or "No" (which ever is correct) in the 3rd box asking "Is this location a CMS unit within the hospital"
- Then click the [Edit IRF CCN](#) (or IPF CCN) link and you will see the screen below. Enter the CCN information and click "save". If you have multiple locations to enter, simply click 'Add Row', enter additional data and then click "save".

The screenshot shows the 'Edit CCN Records' pop-up window. The background form has the following fields:

- Your Code*: IRF
- Your Label*: IRF WITH OWN CCN NUMBER
- CDC Location Description*: Rehabilitation Ward - Within ACH
- Is this location a CMS IRF unit within a hospital?: Y - Yes
- If Yes, specify the IRF CCN (will have an R or T in the 3rd position)*: 99T999
- Effective Date of IRF CCN: 05/06/2014
- 2014Q2
- [Edit IRF CCN](#)

The pop-up window contains the following text and table:

-To edit an existing CCN make corrections and SAVE.

-To add a newly assigned CCN, Add Row, enter CCN and Effective Date, and SAVE.

	IRF CCN	Effective Date	Effective Reporting Quarter
<input type="checkbox"/>	99T999	05/06/2014	2014Q2

Buttons: Save, Close

Annotations on the right side of the image:

- Click "Edit IRF CCN link"
- A pop up will allow entry/edit of CCN Numbers.
- Add a row for additional CCN numbers
- "Save" you work

Follow the same process for IRF and IPF to enter/edit CCN data



Adding Rehab and Psych units to your Monthly Reporting Plan

Step 1: Add your Rehab and Psych units into your Monthly Reporting Plan in the Device-Associated Module.
Below is a screen shot of what the Device-Associated module should look like with an IRF and IPF in plan.

Step 2: Add to LabID MDRO Module

Your unique CMS IRF/IPF units are not part of the acute care hospital in FACWIDEIN summary data as your Rehab/Psych units with the same hospital CCN are – they must be added to your Monthly Reporting Plan separately in the LabID Module.

- a. In NHSN, on the blue navigational bar on the left:
- b. Click on Reporting Plan→Click ‘ Find’, to enter data in an existing plan (**OR** click ‘Add’ to add a new monthly plan).
- c. Enter the month and year in which you want to add your MDRO Module information
- d. In the Multi-Drug Resistant Organism Module enter each IRF/IPF location and the specific organism type- NOTE each location must be entered for each of the three organism types.(C. difficile, MRSA, and VRE)
- e. Check ‘All specimens’ for C. difficle
- f. Check ‘Blood specimens only’ for MRSA and VRE
- g. NOTE: IPFs can only check ‘All specimens’ – however only blood specimen events are entered.
- h. Add a row for each location and organism type.
- i. Save your work!

Below is what a completed MDRO Module should look like for one IRF and one IPF location. Note all three infection types have been added. This is only the IRF and IPF, other locations are not being shown here.

IRF - IRF WITH OWN CCN NUMBER		CDIF - C. difficile					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH GG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRF - IRF WITH OWN CCN NUMBER		MRSA - MRSA					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH GG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IRF - IRF WITH OWN CCN NUMBER		VRE - VRE					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH GG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IPF2 - BHU PEDS		CDIF - C. difficile					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH GG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPF2 - BHU PEDS		VRE - VRE					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH GG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPF2 - BHU PEDS		MRSA - MRSA					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH GG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each IRF and IPF location must be added to your Monthly reporting plan and must include:

- C. difficile
- MRSA
- VRE

Remember, CDPH also requires **VRE blood** events to be reported in this module.



How to Enter FACWIDEIN and IRF/IPF Denominator Data in Multi-Drug Resistant Organism Module

If you have a facility with an IRF or IPF unit, you will need to modify your denominator data by subtracting the denominator values from your data, as noted below. We suggest keeping this reference for entering monthly denominator data.

Each number below corresponds to the number in the screen shot at the bottom of the page.

1. **Total Facility Patient Days** = Report all Acute Care Hospital inpatient days for all units in the facility.
2. **Total Facility Admissions** = Report all Acute Care Hospital inpatient admissions for all units in the facility.
3. **MDRO Patient days (FACWIDE location)** = Report the Total Facility Patient Days minus IRF and IPF patient days.
4. **MDRO Admissions (FACWIDE location)** = Report the Total Facility Admissions minus IRF and IPF admissions.
5. **CDI Patient days (FACWIDE location)** = Report the Total Facility Patient Days minus IRF, IPF, NICU and well-baby patient days
6. **CDI Admissions (FACWIDE location)** = Report the Total Facility Admissions minus IRF, IPF, NICU and well-baby admission.

Mandatory fields marked with *

Facility ID*: 15633 (California General Hospital)

Location Code*: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)

Month*: December

Year*: 2015

General

Setting: Inpatient Total Facility Patient Days *: 7582 ¹ Total Facility Admissions *: 3220 ²

Setting: Outpatient Total Facility Encounters :

If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) from Totals:

MDRO Patient Days*: 6850 ³ MDRO Admissions*: 2940 ⁴ MDRO Encounters:

If monitoring C. difficile in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) as well as NICU and Well Baby counts from Totals:

CDI Patient Days*: 6240 ⁵ CDI Admissions*: 2635 ⁶ CDI Encounters:

For this quarter, what is the primary testing method for C. difficile used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed?*

GDHNAAT - GDH plus NAAT

MDRO & CDI Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	CephR-Klebsiella	Report No Events	CRE-Ecoli	Report No Events	CRE-Enterobacter	Report No Events	CRE-Klebsiella	Report No Events	MDR-Acinetobacter	Report No Events	C. difficile
Infection Surveillance	<input type="checkbox"/>														



IRF and IPF monthly patient days and patient admissions are subtracted from the FACWIDEIN total as the example on page 17, and entered separately for each IRF or IPF location as seen in the screen shot examples below.

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

HELP Print Form

Mandatory fields marked with *

Facility ID*: 15633 (California General Hospital)

Location Code*: IRF - IRF WITH OWN CCN NUMBER 1

Month*: December 2

Year*: 2015

General 3 4

Setting: Inpatient Total Patient Days *: 342 Total Admissions *: 136

Setting: Outpatient Total Encounters :

MDRO & CDI Infection Surveillance or LabID Event Reporting																
Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	CephR-Klebsiella	Report No Events	CRE-Ecoli	Report No Events	CRE-Enterobacter	Report No Events	CRE-Klebsiella	Report No Events	MDR-Acinetobacter	Report No Events	C. difficile	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

1. IRF Location Code
2. Month and Year
3. Total IRF Patient days for the month
4. Total IRF Admissions for the month

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

HELP Print Form

Mandatory fields marked with *

Facility ID*: 15633 (California General Hospital)

Location Code*: IPF2 - BHU PEDS 1

Month*: December 2

Year*: 2015

General 3 4

Setting: Inpatient Total Patient Days *: 290 Total Admissions *: 144

Setting: Outpatient Total Encounters :

MDRO & CDI Infection Surveillance or LabID Event Reporting																
Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	CephR-Klebsiella	Report No Events	CRE-Ecoli	Report No Events	CRE-Enterobacter	Report No Events	CRE-Klebsiella	Report No Events	MDR-Acinetobacter	Report No Events	C. difficile	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
LabID Event (Blood specimens only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. IPF Location Code
2. Month and Year
3. Total IPF Patient days for the month
4. Total IPF Admissions for the month